PTO/SB/22 (07-06) Approved for use through 09/30/2006. OMB 0651-0031

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Under the Paperwork Reduction Act of 1995, no persons are require			S. DEPARTMENT OF COMMERCE if displays a valid OMB control number				
ETITION FOR EXTENSION OF TIME UNDER 3	Docket Number (Optional)						
FY 2005			SHO-0046				
(Fees pursuant to the Consolidated Appropriations Act,		ra	O-t-b 04 0000				
pplication Number 10/697,238-Conf.	#9021	Filed	October 31, 2003				
or GAMING MACHINE							
rt Unit 3714		Examiner	R. Hsu				
his is a request under the provisions of 37 CFR 1.1 lentified application. he requested extension and fee are as follows (che							
no requested extension and too are as tollows (one			_				
X One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity I \$60	\$ 120.00				
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$				
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$				
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$				
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$				
Applicant claims small entity status. See 37.6	CED 1 27						
Applicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
The Director has already been authorized to	cnarge tees in this a	application to a D	reposit Account.				
The Director is hereby authorized to charge a Deposit Account Number 18-0013	-		redit any overpayment, to copy of this sheet.				
I am the applicant/inventor.							
assignee of record of the entire Statement under 37 CFR			s/96) .				
attorney or agent of record. F	Registration Numbe	r					
x attorney or agent under 37 CI	FR 1.34.						
	29,211	<u> </u>					
Registration number if acting u	11001 07 01 11 1:04	•					
Registration number if acting u		Au	gust 17, 2006				
Registration number if acting u		Au	gust 17, 2006 Date				
al /c		(2					

09/16/2025 KRIS11 02322374 160213 16057230

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forms are submitted.

Total of

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PTO/SB/17 (07,96)

Approved for use through 01/31/2007. OMB 0653-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

s pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Application Number 10/697,238-Conf. #9021

Name (Print/Type)

Carl Schaukowitch

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			1818).	Application Number		10/697,238-Conf. #9021			
FEE TRANSMITTAL				Filing Date			2003		
1				First Named Inve	entor K	Kazuo OKADA			
For FY 2005				Examiner Name	R	R. Hsu			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	714	14			
TOTAL AMOUNT OF PA	YMENT	\$) 120.00		Attomey Docket I	No. S	HO-0046			
METHOD OF PAYME	NT (check all the	nat apply)							
Check Credit Card Money Order None Other (please identify):									
X Deposit Account De	posit Account Numb	er. 18-0013 Dep	osit Acco	unt Name:	Rader, F	ishman & G	rauer PLL	<u> </u>	
For the above-ide	ntified deposit a	ccount, the Dire	ctor is	hereby authorize	d to: (check	(all that apply)			
x Charge fee(s	s) indicated bel	ow		Charge	e fee(s) indi	cated below, e	xcept for t	he filing fee	
	additional fee(s r 37 CFR 1.16 a) or underpayme and 1.17	ent of	x Credit	any overpa	yments			
FEE CALCULATION									
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEES	3						
		G FEES	SEA	RCH FEES	EXAMIN	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description Each claim over 20 (inclu	ding Reissues)						Fee (\$) 50	Fee (\$) 25	
Each independent claim o	•						200	100	
Multiple dependent claim		<i>g</i> ,					360	180	
Total Claims Extra	a Claims F	ee (\$)	Fee P	aid (\$)	Mu	Itiple Depende	ent Claims		
- 20 =	x	=			Fee	: (\$)	Fee Paid (<u>\$)</u>	
HP = highest number of total c	laims paid for, if gr	eater than 20.						_	
Indep. Claims Extra		ee (\$)	Fee P	aid (\$)					
HP = highest number of indepe	andent claims paid	for, if greater than 3	3,						
3. APPLICATION SIZE FE	EE	. •							
If the specification and d		d 100 sheets of	paper (excluding electro	onically file	ed sequence or	computer		
listings under 37 CFF						tity) for each a	dditional 5	0	
sheets or fraction ther								D -1-1 (A)	
	Extra Sheets			Iditional 50 or frac			Fee	Paid (\$)	
4. OTHER FEE(S)		/50		(round up to a who	ie number) >		=	Paid (\$)	
Non-English Specifica	tion. \$430 fee	(no small entit	v disco	unt)			1003	raiu (φ)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00									
SUBMITTED BY									
Signature	1)0 _			Registration No.	29,211	Telephone	(202) 95	5-3750	
Signature (au				(Attomey/Agent)	20,211	Totaphionio	(202) 30	5-57-50	

Date

August 17, 2006